

# THE MEDICAL AND SURGICAL REPORTER.

No. 922.]

PHILADELPHIA, OCT. 31, 1874.

[VOL. XXXI.—No. 18.

## ORIGINAL DEPARTMENT.

### LECTURE.

#### CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Clinical Professor of Medicine in the University of Pennsylvania.

REPORTED BY DR. LOUIS STARR.

#### Pleurisy with Effusion—Paracentesis.

GENTLEMEN:—I shall bring before you in this and in the succeeding lecture, two cases, in both of which there is a collection of fluid in the pleural cavity, but which differ in this respect, that while in one the pleura itself is the primary seat of disease, so that the case is one of simple *pleuritic effusion*; in the other the liquid *accumulation* has taken place in connection with obstructive lesion of the heart. They will illustrate also some of the difficulties, both in diagnosis and treatment, which present themselves in some cases of pleural effusion.

CASE 1. M. D., 30 years of age, was admitted to the surgical wards of the Philadelphia Hospital, on August 18th, 1874, complaining of pain in the right side, the result, he stated, of a fall which had happened one month before; as, however, no fracture of the ribs or other injury could be detected, he was transferred to the outwards, but was readmitted to the medical wards on August 26th, 1874. At this time he had severe lancinating pain in the lower part of the right chest, the respiratory movements were shallow, painful and much increased in frequency, there was some dry cough, and a moderate amount of febrile movement, the surface temperature being  $101.5^{\circ}$ , and the pulse 112 per

minute; the lower part of the right side of the thorax was perceptibly distended, and in the recumbent position there was dulness on percussion extending up to the fourth interspace anteriorly and laterally, and as high as the spine of the scapula posteriorly; over this area there was absence of vesicular murmur, vocal resonance and vocal fremitus. A blister was applied to the right side and the patient ordered quinia and iodide of potassium, together with plenty of good food, and absolute rest in bed. Three days afterward, the dulness and absence of vesicular murmur had extended over the whole of the right chest, the breathing was more laborious, the pulse more frequent, and there was a tendency to copious perspiration and sudden variations in the temperature. The latter symptoms have continued up to the present time (Sept. 16th), he has also steadily lost flesh and strength, and there has been no change in the condition of his chest. As you see him to-day, he is weak and emaciated, his present weight being about one hundred and forty pounds, forty-eight pounds less than in health, his pulse is feeble and beats 108 times a minute, while the respiratory movements are increased to 36 per minute. Proceeding to examine his chest, you will observe that there is marked bulging of the right side, with prominence of the intercostal spaces, and that the movements of respiration are confined almost entirely to the left side. There is full percussion resonance over the whole of the left side, whereas on the right there is absolute flatness, and diminished elasticity from the hepatic region to the apex of the lung. There is no fluctuation on percussion in the intercostal spaces. On auscultation distant bron-

chial breathing can be heard over the entire right chest ; this, although audible posteriorly, is most distinct and nearest to the ear, in the axillary region and antero-laterally ; bronchophony is present in the axillary region, and to some extent also on the anterior surface of the chest ; vocal fremitus is wanting. Nothing abnormal can be heard on the left side. The heart is somewhat displaced, its apex beat being felt a short distance outside of the vertical line of the left nipple, and the hepatic dulness extends about two inches below the margin of the ribs. There is no infiltration of the soft parts covering the right half of the thorax, nor any evidence of approaching perforation of the chest wall.

In considering the rather unusual group of symptoms, it will be observed that while many of them are such as we usually meet with in cases of pleurisy with effusion, there are others which we are accustomed to associate with the presence of pneumonia ; thus, although the mode of invasion and course of the attack, the character of the cough and expectoration, together with the distention of the chest and bulging of the intercostal spaces, the degree and extent of percussion dulness, and the displacement of the heart and liver, all point directly to the presence of pleural effusion, the fact that there is bronchophony and distant bronchial breathing at once suggests the co-existence of pulmonary solidification. It seems, however, to be more probable that the transmission of the respiratory and vocal sounds is due to the fact that a large portion of the exudation is solid, plastic lymph, coating the pleura, than that it depends upon the existence of a disease, of which no other physical signs or rational symptoms have been present. We know that distant transmitted bronchial breathing and bronchophony are occasionally found in cases where there are large pleuritic effusions entirely uncomplicated by solidification of the lung tissue, though usually under such circumstances, respiratory and vocal sounds are completely suppressed. But in such cases, the intensity of these physical signs is rarely, if ever, so great as we find it in the present case. Another feature of interest in the case before you, is, that the bronchial breathing and bronchophony, instead of being most intense posteriorly near the spine, as they generally are when heard at all, are most marked laterally and anteriorly, showing that in consequence of adhesions, the larger portion of the effusion has

been confined in the posterior part of the chest, behind the lung. I call your attention particularly to these points, because they have an important relation to the plan of treatment which I intend to pursue to-day. You will remember that this patient, in spite of careful management, has not improved since he has been in the hospital, and that for the past three weeks his pulse has been rapid, and he has had a tendency to sudden variations in temperature and colliquative sweating. These symptoms make me fear that the fluid in the pleural cavity is either about to undergo a change into pus, or has already become purulent, and as this liquid is absorbed with difficulty, and indeed, as scarcely any evidence of absorption has shown itself after three weeks of internal treatment, it will be proper to attempt its removal artificially, and I have therefore decided to perform paracentesis thoracis. Having determined upon this operation, it remains to select a proper position in which to introduce the trocar. Either surface of the chest may be chosen, according to the existing circumstances, but the puncture should be low enough to drain off the fluid, though not so low as to wound the stomach and spleen on the left, or the liver on the right side. If respiratory or vocal sounds are audible over the affected side, great care must be taken to find a point where their feebleness or entire absence shows that the lung is not in contact with the chest wall. Guided by these considerations, I have fixed upon the eighth interspace posteriorly, at a point outside of the angle of the scapula, but owing to the presence of distant bronchial breathing, even in this position, it will be better first to resort to an exploratory puncture with a very small trocar. I confess, indeed, to a feeling of considerable uncertainty as to the chance of reaching and evacuating the fluid. The skin having been frozen, to prevent pain, and the small aspirator needle introduced to a depth of at least one and a half inches, you see that, notwithstanding the suction of the vacuum, no fluid escapes into the barrel of the syringe, as would undoubtedly have been the case had the point of the canula reached fluid. The operation must therefore be regarded as a failure, except as an additional means of diagnosis. It is certain that the point of the needle did not wound the lung, as no cough occurred, and neither blood nor air entered the vacuum. It is clear, therefore, that the trocar must have been imbedded in a layer of organ-

ized lymph of unusual thickness, which coats the costal pleura. I am convinced that if we were to repeat the operation, introducing the trocar to a greater depth, we should succeed in reaching and evacuating the collection of fluid. I prefer, however, to postpone this until a further trial has been made of internal treatment, since we have ascertained that so large a proportion of the exudation consists of solid lymph.

NOTE, Oct. 1st.—The patient, on being removed to the ward, was ordered five grains of iodide of potassium in half an ounce of comp. inf. of gentian, three times daily; two ounces of infusion of scoparius every two or three hours, and four ounces of whiskey in divided doses during the day; a blister was also applied to the antero-lateral surface of the right chest, and he was directed to remain quietly in bed, and to have plenty of simple but nutritious food. No bad symptoms followed the exploratory puncture, and after treatment had been continued for a few days, his strength began to improve, the pulse and respiration became less frequent, and there was less tendency to sweating and fever, and more moderate variations in temperature. For the past week he has been strong enough to sit up for an hour or two each day; his temperature has ranged from 98° to 99°; there has been little or no sweating, and he thinks that he has begun to gain flesh. At present (October 1st, 1874), he has more color, and looks much brighter than he has done since coming into the hospital; the pulse, though weak, is reduced to 100 beats a minute, and the respiratory movements to 32; the cough, however, is more marked than formerly, and the expectoration more free, but the sputa still consists of frothy mucus unmixed with blood or pus.\* His tongue is clean, appetite good, and bowels regular. A large quantity of urine is passed under the influence of the scoparius. Examination of the chest shows that while the respiratory movements of the right side have increased, there has been no diminution in the degree of distension of the chest, or in the bulging of the intercostal spaces. Flatness and increased resistance on percussion still exist over the whole of the right chest, and upon auscultation equally widely distributed bronchial breathing can be heard. The bronchial breathing is most distinct at the upper part of the chest anteriorly and laterally, becomes feeble in the infra-mammary and infra-axillary regions, and is scarcely audi-

ble over the lower part of the lung posteriorly. Below the angle of the scapula and in a zone, two or three inches wide, extending from this point to the front of the chest, aegophony is heard; above and below this zone the voice is bronchophonic and somewhat tremulous. Vocal fremitus is abolished on the affected side. The heart and liver seem to have partly returned to their normal position.

No change whatever has been made in the treatment during the last two weeks. It may be regarded as most probable, that the exudation in this case is to a great extent composed of plastic lymph; and it is also probable that the fluid which coexists is contained in numerous sacs formed by false membranes. In regard to the character of this fluid my mind is not yet decided. I was led to fear that it was purulent, from the character of the general symptoms; and if the improvement in these which has since occurred should continue, and absorption of the fluid take place, it will be very interesting to observe what marked hectic fever may present itself without the actual existence of suppuration. The increase in the respiratory movements of the right side, together with the change in the intensity of the respiratory and vocal signs, show that the right lung is gradually expanding, though it is still compressed by thick layers of organized lymph. It is unnecessary to again call attention to the great diagnostic value, as well as the entire harmlessness, of the exploratory puncture that was made.

NOTE, Oct. 20th.—A few days after above note was made, there was a sudden change in the symptoms. He began to expectorate pus, and in the course of the day raised not less than a pint. This has continued, although during past few days the amount has been growing much less. With this there has been a steady improvement both in general symptoms and physical signs.

Resonance on percussion has returned on right side, from the apex down to the fourth rib; respiratory movements are much more free; breathing is much easier; the patient sits up, and walks about, and everything shows that a rapid diminution in the effusion has taken place. It is clear, therefore, that the pulmonary pleura has been perforated by ulceration, and that the effusion has been discharged through the bronchial tubes. Fortunately this has taken place without the production of pneumothorax.

This shows then, that, as was suspected, there has been a collection of pus in the right pleural sac, and in consequence of the great amount of lymph coating the costal pleura, the pulmonary pleura has yielded before the intercostal tissues. Thus, instead of having an external rupture and discharge of the effusion, as is most usual, a pulmonary fistula has formed, and the matter has thus been evacuated. This is comparatively rare, but is, I believe, not more unfavorable than where external rupture occurs, unless the patient is predisposed to phthisis. I will not, therefore, attempt to evacuate the rest of the fluid, but will follow the same plan of internal treatment.

### COMMUNICATIONS.

#### THE TREATMENT OF RENAL AFFECTIONS WITH ANASARCA.

BY JOSEPH MULREANY, M. D.,  
Of New York City.

In my early connection with medicine, as an apprentice to a dispensary doctor, in the North of Ireland, I saw the anasarca which follows scarlatina successfully treated by a powder composed of from five to twelve grains of calomel and one drachm compound jalap powder (the dose for an adult) administered at bedtime in a teacupful of hot gruel.

When I had completed my four years' professional study, and had obtained my diploma from the Royal College of Surgeons, London, I paid a short visit to my native village. I had not been long among my neighbors till I was called in to give them the benefit of my learning and skill. I shall relate one out of my many misadventures.

CASE 1. She was a pretty little creature; much more like a fair-haired German than an Irish girl. She had married her cousin, and was gone with child about six months. Her age was just seventeen years. On the day I was called to visit her she had had a succession of convulsive fits, and had completely lost her sight. The pupils were largely dilated and uninfluenced by light. Between the fits she was rational, and conversed intelligently.

I treated her according to the principles I was taught in the schools of that day. I had her head shaved, I blistered her scalp, I purged

her, and I bled her from her right arm, and I bled her from her left arm, and I bled her again; and her husband, and her father, and her mother, and her sisters, and all the neighbors, thought that I was a paragon of skill. And I myself am now satisfied that I killed her, for the poor little thing died. She had slight anasarca.

CASE 2. Five and twenty years after this sad affair I again found myself on a visit to my native place, and was again called upon to visit a patient, but in this instance it was a man, a middle-aged man, and he, too, was blind; urea amaurosis; he was quite stupid, but had had no convulsions. He was slightly anasarca all over. His pulse was slow, skin cool, bowels constipated, passing little urine. His breathing was not embarrassed. A few days before my visit he had stood in the cattle market for hours, in a cold drenching rain, and got intensely chilled. He was a teetotaler, and had not tasted liquor for seven years. A gentleman highly qualified, so far as degrees and testimonials are considered, was called to see him. This physician pronounced the poor man to be drunk, and accordingly left him to recover from his debauch as best he might.

I diagnosed congestion of the kidneys from the wetting, amaurosis from urea poisoning of the optic thalamus, and opined that a few hours would usher in convulsions, if energetic measures were not instituted. He had at once six grains of calomel, combined with one drachm of jalap, not the compound powder, which, I beg to suggest, is not suitable in those cases. This I followed up with acetate of ammonia and tartar emetic, in large doses, every hour; a mustard plaster to the loins, followed by hot-water bottles and heated bricks to feet, abdomen, small of the back, and nuché. The man was quite well in a week. The urine was almost all albumen during the first few days of the attack; it, however, contained no red blood. I may here observe that urea amaurosis differs much from the blindness caused by either hepatic disease or diabetes. In the latter the return of sight is slower, and very often incomplete; in the former it is sudden and complete.

CASE 3. The next case occurred about the same time as the last mentioned. The patient was a female of some forty-seven years, a widow, mother of several grown-up children. She was

very intemperate, and her present attack, the first of the kind, was brought on by an excessive debauch. I could see, as she lay on the bed, distorted by the most violent epileptiform convulsions I ever witnessed, that she was short, stout, fair, or white-skinned, her legs oedematous. There was no possibility of obtaining a history of her previous condition. She had been drinking to excess, and had been found writhing in convulsions on the floor. Between the succession of the fits there was no appreciable interval. The pupils were dilated, but whether she could see or not I was unable to discover. She was surrounded by female relatives and gossips. Besides, there were present two Catholic priests, who were much interested in her wretched condition, one of whom had called on me to visit the patient; and, by the way, this gentleman assured me, the following morning, that she must have had, throughout the night, over one hundred fits, and that her recovery was miraculous.

The treatment I ordered was fully carried out. Mustard poultices to loins, legs, and nape of the neck. Ten grains of calomel on the tongue, and the following mixture:—

R. Antim. potassium-tart.,	grs. viij
Pulv. jalapae,	3ij
Tinct. opii. camph.,	3ij
Liquor ammon. acet.,	3ij
Syrupi tolu,	3ij
Aqua pura,	3xij
	M.

Of this she was forced to swallow half a wine-glassful every forty-five or sixty minutes. A perfect recovery took place in some twenty hours. I paid her but two visits, one on the evening of the attack, the other the following afternoon, when I found her sitting up in bed, conscious, but very seedy.

In all these appalling cases of nephritic convulsions I have observed that a hopeful view may be taken of the case, if the skin keeps cool and the pulse slow, differing in this respect from the convulsions of icterus, where a cold skin and slow pulse are always precursors of death.

The above cases occurred in the north of Ireland. I now report a few specimens of New York practice.

CASE 4. February 18th, 1872. Mr. G., aged 66 years, a builder by profession, residing on High street, Brooklyn. Intermission of the heart with remote bruit, probably of the tricuspid valves; pulse about

90. Percussion sound all over the chest was dull and respiration indistinct; frequent cough and the difficulty in breathing reached a degree that precluded his lying in the horizontal position; he had not slept on his bed for more than three weeks. He was anasarca all over lower extremities, very much so; there was some slight tenderness over the liver; no enlargement of spleen; urine free from albumen. His spirits were low and irritable.

I gave it as my opinion that he should be salivated as soon as possible. He consenting, I proceeded in the following way:—

R. Pil. hydrarg.,	gr. xxiv
Pulv. scillæ,	gr. xxiv
Quiniae sulph.,	gr. xlviij. M.

Divide in pil. xxiv.

Sig.—One to be taken three times a day.

R. Ammon. carb.,	3j
Ammon. muriat.	3j
Potassii. iodidi,	3j
Tinct. digitalis,	3iss
Tinct. opii,	3iss
Syrupi tolu,	3ij
Aqua camph.,	3vij. M.

Ft. mist. 3vij.

Sig.—A tablespoonful every four or six hours A blister, 6x4, between the blade bones.

Within a week the gums became very tender from the mercury, when it was omitted. The anasarca and its attendant symptoms rapidly retired as the salivation advanced, and in a month's time from the day I first prescribed for him he was busy at Fort Hamilton superintending some contract work he had of the City of Brooklyn corporation.

My next case is a very interesting one, as showing what can be done in an apparently broken constitution.

CASE 5. February 27th, 1874. Mrs. Henry P., aged 53 years; residence in this city; the mother of many children; has ceased to menstruate for five years; has had ague twice and yellow fever once; has been very intemperate, and once the subject of syphilis; ascends a stair with great difficulty, from shortness of breath and palpitation. She has been ill and gradually getting worse for many months; very low-spirited and irritable; no appetite; bowels constipated. She has had a variety of treatment. Took gin and sweet spirits of nitre for the urine.

Such was her history. The physical signs were general anasarca, heart enlarged, mitral

bruit, pulse 100, intermitting, percussion sound dull only over the heart; some few moist rales over base of both lungs. Cough and some ordinary expectoration, similar to winter cough in the aged. Urine in very small quantity; albumen No. 2; frontal headache; nothing remarkable in respect of sight or pupils. There were a variety of the other usual symptoms.

I may here mention that for my own convenience I have instituted four degrees of quantity of albumen in the urine. Under heat No. 1, the urine consolidates into a flaky or semi-solid mass; very little serum or urine.

No. 2. From one-sixth to one-fourth serum. No. 3, there is three-fourths serum. No. 4, a trace of albumen.

*Treatment.* Every kind of alcoholic (grape or malt) liquor interdicted. Strict injunction to avoid every article of diet or drink, including tea and coffee, that might stimulate the kidneys.

R. Ferri ammon. citratis 3ij  
Ammon. carbonatis 3ss  
Ammon. bromide 3vj  
Liquor ammon. acet. ad 3vij. M.

Ft. mist. Half a tablespoonful three times a day in a little sweetened bland-warm drink.

R. Hydrarg. submuriat. gr. xij  
Pulv. ipecac gr. xij  
Ext. aloes aquos gr. xij  
Ext. nucis vomicæ gr. iv  
Gum opii gr. vj. M.

Divide in pil. xij. One every night. To take one drachm of jalap powder before commencing her mixture and pills.

March 11. Has kept the bed since I saw her at my office on the 27th ult. She has perspired moderately all along since taking her prescription of the above date. The gums are tender; the urine is not passed so frequently, is more abundant and contains less albumen. She has had several hot hip baths in a tub, mustard poultices every night to the loins, and large bottles filled with hot water to the small of the back and feet. Omit the mixture and pills.

R. Antim. potassium-tart. gr. j  
Sp. ammon. aromat. 3j.  
Liquor ammon. acet. 3j. M.

Ft. mist. Two teaspoonfuls three times a day, in water.

R. Quiniae sulph. gr. xij  
Ext. nucis vomicæ gr. ij. M.

Divide in pil. vj; one every night. A blister  $3\frac{1}{2} \times 2\frac{1}{2}$  over the heart. Diet and nursing the same.

March 18th. Very much improved; gums less tender; still sweats; passes more urine; albumen No. 3; bowels very constipated. The jalap powder repeated, and the following mixture\* and pills to be substituted for those in use:—

R. Liq. ammon. acetatis. 3ij  
Sp. ammon. aromat. 3i.  
Ammon. bromidi 3vij. M.

Ft. mist. A dessertspoonful three times a day.

R. Quiniae sulph. gr. xij  
Hydrarg submuriat. gr. iii  
Pulv. ipecac gr. iii  
Ext. nucis vomicæ gr. iiij. M.

Divide in pil. vj; one every night; continue the nursing as before. To take ten drops of the muriated tincture of iron three times a day, before meals.

March 26th. Less albumen; feels very weak; pulse quick; has suffered much from constipation. To have senna tea and manna, with injections for the constipation. To substitute the following for her pills and mixture:—

R. Acid nitric diluti 3ss  
Acid muriatic diluti 3ss  
Quiniae sulphat. gr. xvij  
Tinct. cinchona comp. 3ss. M.

Ft. mist. A teaspoonful three times a day, in water; to continue the tincture of iron.

There was little variation in the treatment until I closed my attendance, in the middle of April, she being then free from the anasarca, cough and kidney disease. In fact, cured.

**CASE 6.** May 26th, 1874. Michael R., aged twenty-seven years, a coal heaver, residing in West Twenty-ninth street; tall, muscular, well developed; generally temperate, but for three weeks before his attack had indulged rather freely. About the 17th inst., whilst in a bar room, was seized with a colicky pain in the abdomen and nausea. With assistance he reached his home, and since then has been sick and attended by a physician.

*Present condition.*—General anasarca; breathing very difficult; pulse slow (not counted by watch); pupils largely dilated; intense headache; stomach irritable; bowels constipated; passes urine frequently, but in small quantity; anxious to leave the bed. I may here mention that on a subsequent occasion I noticed an abnormal murmur with first sound of the heart,

though it quite escaped detection on first visit. The scrotum and lower extremities were quite large and tense, from the effused serum. Other usual symptoms present.

*Treatment.*—Jalap and calomel powder. The acetate of ammonia. Tartrate of antimony mixture somewhat modified to suit the case.

May 27th. Bowels acted well; vomited twice; perspired slightly; anasarca less; breathes with more ease; the powder and mixture to be renewed; the nursing same as in the other cases; urine tested to-day, gives albumen No. 1.

May 28th. Anasarca less; breathing better; omit the antimony for the mixture; no purgative to-day.

May 29th. Matters much the same as yesterday; urine gives albumen No. 1.

May 31st. Better; albumen still marks No. 1.

As the anasarca retired from the lower extremities he was seized with acute neuralgia of the right testicle, which disappeared under warm fomentation. Some influence prompted me to bleed the patient from the arm, and, notwithstanding that I felt that his case did not require it, yet I abstracted from twelve to fourteen ounces, with no other result than to demonstrate that the blood gave neither buffy coat nor cupped coagulum, and that the headache, which, in a less degree, was still present, was uninfluenced by the operation. I feel now, as I write out the history of the case, that at the time I opened the vein I was constrained to do so by the desire for experiment.

June 1st. Headache continues; neuralgia better; bowels constipated. Jalap, sixty grains, calomel, two grains, in a powder, to be taken directly, and the following mixture:—

R. Ammon. bromidi, 3ij  
Sp. ammon. aromat., 3iv  
Liq. ammon. acet., 3iiij  
Tinct. opii camph., 3iv  
Aquaæ, ad 3vj. M.

Ft. mist. 3vj.

Sig. A tablespoonful every four or five hours.

June 7th. Albumen in to-day's urine No. 2. Omit mixture.

R. Ext. aloes aquos., gr.iiij  
Hydrarg. submuriat., gr.iiij  
Pulv. ipecac., gr.iiij  
Ext. nucis vomicæ, gr.iv  
Quinīne sulph., gr.xij. M.

Divide in pil. vj.

Sig. One every night.

R. Acid. nitric., dil., gr.ij  
Acid. muriat., dil., 3ij  
Tinct. cinchon. comp., 3vij. M.

Sig. A teaspoonful to be taken three times a day in water.

June 8th. For the first time I learned that blood had been noticed in the urine. The note is as follows: Urine on Friday and yesterday reported as containing blood in large quantity; to-day albumen No. 2; to continue the mixture and pills, and to take half a drachm of jalap and one grain of podophyllin as a bolus, in gruel.

June 9th. Less albumen; says that he passed blood in yesterday's urine; swelling in legs and feet less; was out of doors yesterday for first time, and to-day feels much better; continue the mixture and pills; repeat the purgative powder; all this time the nursing and diet were strictly observed.

In the interval between the 9th and 17th I find that I have entered no record of the case; but by the note of the 17th it is evident that he continued to take his mixture and pills, and that he was ordered to have the tincture of iron in addition, besides having had blisters to the loins. For instance:—

June 17th. Urine, albumen No. 4. Continue pills and mixture, also the tincture of iron; He kept the blisters over the loins on for twelve hours; I think with benefit; they were covered with tissue paper (to prevent absorption).

June 22d:—

R. Hydrarg. submuriat. gr.v  
Pulv. doveri grs.vij.

Ft. pulv. j, h.s.s.

No other memoranda. At this time, however, he was progressing favorably, the albumen varying in quantity from day to day.

June 24th:—

R. Hydrarg. submuriat. gr.ij  
Pulv. doveri gr.x.

Ft. pulv. j, h.s.s.

June 25th. Repeat. pulv.

June 26th:—

R. Hydrarg. submuriat. gr. iiiij  
Pulv. jalapa 3ss.

Ft. pulv. j. Stat. sumend.

R. Acid nitric diluti. 3ij  
Acid muriatic diluti. 3ij  
Quinīne sulph. gr.xij  
Syrupi. tolu 3j. M.

A teaspoonful three times a day, in water.

The notes of this case are too meagre to base a practical deduction. The point I wish to illustrate is the tolerance of mercury exhibited. I have the details of the case sufficiently in recollection to be able to state that only towards the latter end of the treatment were there any tenderness of the gums or salivation; even then these were very slight indeed.

Were it not for the mixed features lent to the case by the colicky seizure, the neuralgia of the right testicle, and the reported bloody urine on two or three occasions, this would be a pure instance of congestion of kidneys and albuminaria. The critic might ask, was it not a case of gravel? The patient made a perfect recovery. Throughout the treatment, one object was steadily maintained, viz, to rest the urinary organs.

**CASE 7.** If the above records point, among other matters, that mercury may be prescribed with advantage in dropsies exhibiting a large percentage of albumen, thus corroborating a suggestion of Dr. Watson, to resort to mercury in Bright's dropsy, when everything else has failed, case the seventh eminently cautions one from its careless administration. Mrs. O. R., æt 25; confined with her third child about two weeks before my visit. General anasarca, which had existed, but in a minor degree, for some time before the birth of her baby. Headache very intense; face quite puffy; orthopnoea; palpitation; intermission irregular; impulse feeble; high fever with hot skin; bowels confined; milk and lochia present in small quantity; condition of pupils not noticed.

R. Hydrarg. submuriat. gr.vj  
Pulv. glycerrihiza gr.iiij. M

Ft. pulv. j. To be taken at bedtime, and the following mixture:—

R. Antim. p. tart. gr.iss  
Liq. ammon. acet. 3ij  
Sp. ammon. aromat. 3iv  
Syr. tolu 3i  
Tinct. opii. camph 3vij  
Aque puræ ad 3vij. M

Ft. mist. 3vij. A tablespoonful every hour. No alcoholic stimulants.

Next morning she was intensely salivated, necessitating the use of gargles. She recovered, and since then I have attended her (in Bedford, Brooklyn) for an attack of aguish dysentery. I believe she is at the present time in robust health.

### HYSSTERIA SIMULATING HYDROPHOBIA.

BY DR. M. L. HUMSTON,  
Of Monroe, Indiana.

Believing the case given below is not devoid of general interest, I send you the record of it from my notes.

On the evening of the 27th December, 1872, I was summoned with Dr. Joseph McClain, of this place, in great haste, to see Mrs. C., who the carrier said was suffering with hydrophobia, and he added quite a graphic account of the patient's biting, barking, spitting, growling, etc.

The distance from my office was ten miles. On arriving, we met J. W. Deaver, M. D., who finding the case to be urgent had proceeded to examine the patient, and found her frothing at the mouth, snapping, biting at everything that came within her reach, shaking the bedclothes with her teeth, growling like a dog, and tearing up handkerchiefs, etc. He then administered the following at one dose, and repeated in an hour:—

R.	Valerian fl. ext.	5ij
	Bromid. potass.	3ss

After which he proceeded to prepare the following:—

R.	Chloral hydrat.	3ij.
	Potass. bromid.	3ij.
	Syrup simplic.	3vij. M

And ordered a tablespoonful every hour until the patient went to sleep, which she did in the course of a few hours.

About ten o'clock P. M. of the same evening Dr. McClain and myself arrived. Her parents informed us that some three or four months previous she had been chased and bitten by a dog supposed to be mad, and the mark was yet on her arm. She then being under the influence of chloral hyd., I examined the arm carefully, and while doing so she aroused and began to talk, and tried to show me the scar, but I could detect nothing. The temperament of Mrs. C. is nervo-sanguine, the nervous temperament predominating, both parents being quite nervous. The patient kept calling for water in her quieter moments. When it was brought she would immediately go into spasms.

As the physical symptoms of hydrophobia, as laid down in the authorities, were wanting, we had no trouble in diagnosing hysteria. We informed the family of this opinion, which

they did not accept, and to this day believe it was a curable case of hydrophobia.

The patient not having passed any urine for some time we gave her

R. Buchu fl. ext.

Spirits ether nitrici aa 3j. M.

and ordered a tablespoonful to be taken every two hours until it had the desired effect, which was soon accomplished. About 12 o'clock at night we gave a cathartic, and about 2 o'clock, A. M., on the 28th, Dr. Deaver left, with the promise to be back that day. Dr. McClain and myself stayed until 8 o'clock, A. M., same day, when we left her sleeping soundly under the influence of the chloral.

January 1st. Patient convalescent; entirely rational; drinks water; eats anything edible. She was then discharged, with the instruction to use the chloral and bromide on the least sign of the return of the symptoms, especially the bromide.

There has been at this writing no return of the hydrophobia. She now has a fine healthy boy, about eleven months old. Mother and child both doing well.

## MEDICAL SOCIETIES.

### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

REPORTED BY J. W. P. BATES, M.D.

Chronic Hydrocephalus—Causation and Nature, with the Relation of a Case.

BY DR. G. L. WILKINS.

Preceding the consideration of this subject, we will briefly refer to the intercommunication existing between the ventricles and the subarachnoid cavity. The arachnoid cavity, situated between the dura mater and the arachnoid membrane, and having no communication with the subarachnoid or the ventricles, is of the least importance of all the cavities of the brain in connection with hydrocephalus. The subarachnoid cavity, situated between the arachnoid and the pia mater, communicates with the general ventricular cavity by means of a small aperture in the layer of pia mater, in the inferior boundary of the fourth ventricle, extending between the cerebellum and medulla oblongata. The right and left lateral and the third and fourth ventricles form, by means of the free communication existing between them, one general ventricular cavity. The lateral ventricles communicate with each other through the foramen of Munro in front, and with the third ventricle below. The third ventricle has, besides the foramen of Munro, opening into it first, a deep pit,

situated at the anterior part of the floor of the ventricle which leads downward to the infundibulum, and behind the aqueduct of Sylvius, or *iter e tertio ad quartum ventriculum*, which gives a free passage to the fourth ventricle. The complex ventricular cavity and the arachnoid and subarachnoid cavities are filled by a fluid which is secreted by the choroid plexus. It is, in its normal state, free from albumen, of very low density, and, according to Lassaigne, consists of 98.5 parts of water, the remaining 1.5 per cent. being solid matters, animal and saline. It is readily secreted, and readily absorbed. It is influenced by the state of the general circulation, increased during digestion, decreased during abstinence. It also varies according to the state of the brain; thus, when the brain shrinks, from atrophy or inactivity, the fluid increases; when it increases in size, from functional activity or other causes, the fluid decreases. The usual quantity is about two ounces, but sometimes the amount is almost inappreciable. In cases of atrophy of the brain, as much as twelve or fourteen ounces may be found, while in cases of dropsy the amount may exceed a gallon. In certain fractures of the skull, which involve the petrous portion of the temporal bone, the escape of the fluid is a notable event. The functions of this fluid seem to be many. It protects from the effects of concussion communicated from without, by interposing a watery cushion between the brain and cord and the bones; it allows variations in the size of the brain, notwithstanding the fact that it is enclosed in a bony cavity; it exerts upon the brain that gentle and uniform pressure which seems to be so essential to its highest state of functional activity. That it is one of its functions to exert a certain degree of pressure we have abundant illustration in certain pathological conditions. In encephalocele and spina bifida, the stretching and displacement of the overlying tissues evidence the pressure exerted by this fluid. The main source of the cerebro-spinal fluid, the increase of which constitutes the more common forms of hydrocephalus, is the naked blood vessels of the choroid plexus contained within the ventricular cavity.

In the child the ventricles exhibit a facility to stretch, and the convolutions to unfold, so that if there is any excess in secretion, the fluid remains where poured out and distends the ventricles rather than the subarachnoid cavity. The subarachnoid is, however, under certain circumstances, liable to an increase of the fluid. When the convolutions shrink, and the sulci gape from the impaired nutrition of advanced age, chronic alcoholism or other disease, the fluid in this cavity is increased. The serous apoplexy of old writers is of this character. In uræmia, serum is also found in the subarachnoid space. Whilst an excess of fluid is not always of much pathological importance, yet it is often associated with serious disease. In cases where the brain has become reduced in size, the excess of fluid is simply the result of a compensative secretion, an adaptation of the forces of nature to

varying conditions. The accumulated fluid does not usually, in such cases, exert any injurious pressure upon the brain, but this rule does not hold good when the effusion is from other causes. When in consequence of long continued, or of frequently recurring hyperæmias of the brain, the veins of the pia mater fall into a persistent relaxation and distention, the consequence of which is the effusion of serum, the œdema is of the pia mater. As the fluid is slowly effused into the subarachnoid cavity (hydrocephalus externus), distention of the cavity and compression of the brain results, which, but for the capacity of the brain to accommodate itself to the abnormal condition would be fatal. As the pressure increases, a uniform decrease of the thickness of the hemispheres also takes place in the direction from the surface of the ventricles to the surface of the cortex of the brain. The hemispheres lose one-third and even one-half of their normal volume, and as it was not easy for the older writers to believe in so extensive a diminution of the brain, they discovered an explanation of hydrocephalus from vacuum, *i. e.*, they took the atrophy as the primary disease, and the effusion of serum for the purpose of filling the vacancy.

The arachnoid cavity, having no communication with the ventricles, and possessed of a limited power of secretion, is rarely the seat of dropsical effusions. Sometimes a layer of extravasated blood leads to the formation of an organized membrane which may subsequently give rise to a circumscribed effusion of serous fluid. Again, when there is an unusual amount of fluid poured out into the subarachnoid, a considerable quantity may enter the arachnoid cavity by transudation. With these exceptions it is obvious that neither the subarachnoid nor the arachnoid cavity is the seat of intra-cranial dropsy; but that hydrocephalus has its main origin in the ventricles, which are the source of the cerebro-spinal fluid.

The causes of ventricular dropsy are two: increased pressure by the fluid within, diminished resistance by the walls without. There may be a morbid tendency to the production of fluid within the ventricles, which will stretch their walls, expand the cerebral substance, and forcibly dilate the skull; or, the fluid being produced in only its normal quantity, there may be a weakness of the walls of the skull, so that it does not afford sufficient support to the hemispheres, and thus allows them to yield to the usual and natural expansive power from within. In well defined cases the two forms of the disease may be readily distinguished from each other. They differ in origin and symptoms, and they are benefited by different, and sometimes by diametrically opposite treatment. In hydrocephalus from increased pressure of the fluid within, the principal causes are: obstruction of the lateral sinuses, or other venous channels, and inflammation of the ventricles. When one of the lateral sinuses is closed (which is a rare occurrence, and usually caused by pressure of a morbid growth or deposit) or greatly narrowed, intra-cranial dropsy results, just as as-

cites is produced by a narrowing of the portal vein. It might be inferred that coagulation in the lateral sinus would produce the same result. Cases have been observed in which morbid formations by pressing upon the veins of Galen, and thereby retarding the return of blood from the choroid plexuses, have set up a ventricular dropsy. A case of the kind was published in *The Lancet* by Dr. Murray, in 1868. The cause of the effusion was a cyst of the cerebellum compressing the veins which convey the blood from the lateral ventricles. It has been conjectured that pressure upon the jugular vein by enlarged cervical glands or other morbid growths in the neck might produce intra-cranial dropsy, but the weight of authorities seems to oppose this view. Inflammation of the lining of the ventricles as a cause of chronic hydrocephalus is supposed to have received an undue share of credit.

In some cases of tubercular inflammation fluid in excess is poured into the ventricles, and, if the bones are still separate, enlargement of the head takes place; and even after union of the bones they are sometimes torn asunder. Ventricular dropsy from this cause led the older writers to classify all forms of enlargement of the head under the title of tubercular meningitis. This form of hydrocephalus may readily be distinguished. It usually commences in a definite manner, and is attended with marked symptoms characteristic of tubercular meningitis; its course and duration are short, and it is not attended with the enormous enlargement that is common in the other forms. Blows on the head, exposure to the sun, and all agencies which are recognized as productive of meningitis, may operate in the causation of this form.

The next variety of causes to which chronic hydrocephalus is due comprises rickets, or otherwise abnormal conditions of the bones of the skull, which deprive them of their natural resistance, and allow them to yield with unnatural readiness to the natural pressure within. This, according to most authorities, is believed to be the most common cause of ventricular dropsy. Dr. W. Howship Dickinson reports, that out of twenty-six cases under his care at the Children's Hospital, nineteen were rickety subjects. The pressure that the cerebro-spinal exerts, as illustrated in meningocele and spina bifida, has been mentioned. This same internal hydraulic pressure exerted upon a skull which has no particularly weak point, but of which the sutures are generally weakened by the rickety state of the bones, will cause not a circumscribed, but a general enlargement of the cranial vault. Under the gentle pressure from the slowly increasing collection of water the bones yield uniformly in all directions except at the base of the brain, where, on account of their closer connection, they are with difficulty separated from each other. With the diminished resistance of the skull the fluid tends to gradually increase in the ventricles, and with its increase there is a corresponding

dilatation of them, and a decrease in the thickness of the cerebral hemispheres, as also of the cerebral parts immediately bounding the ventricles. Defective nutrition of the skull from syphilis or other causes, and weakening of the sutures by a prolonged labor or instrumental delivery, may cause this disease. Mr. Hilton is of the opinion that ventricular dropsy is sometimes due to an accidental closure of the passages which lead from the vesicles to the subarachnoid space. The correctness of this opinion is doubted by Dr. Dickinson, who contends that, as the choroid plexuses both secrete and absorb, the cerebro-spinal fluid has both its source and its exit within the ventricles, that, therefore, these cavities, with their exposed blood vessels, probably adjust for themselves the balance between secretion and absorption. In order to accept the theory advanced by Hilton it must be presumed that the fluid which finds its source in the ventricles must pass into the subarachnoid cavity to be got rid of. If it is the function of the ventricles to both secrete and absorb the cerebro-spinal fluid, excepting the small amount that usually passes into the subarachnoid space, and is thence absorbed, then admitting that the aqueduct of Sylvius and the opening in the pia mater are closed by the products of inflammation, it would be difficult to trace the dropsy to their closure. It is probable that, in these cases, the dropsy was traceable to the inflammatory condition of the membrane resulting from a basilar meningitis.

Authors differ greatly as to the nature of this disease. Says Rindfleisch, "If we ask 'Whence these effusions? What is the nature of hydrocephalus?' we must, unfortunately, acknowledge that we are yet far removed from a generally sufficient explanation." Virchow advocates the inflammatory changes which the *ependyma ventriculorum* undergoes; but Rindfleisch demonstrates that, whilst it becomes thickened and denser in certain localities, it never itself contains blood vessels, nor does it involve the contiguous and underlying vessels; and, moreover, the same changes may be found in other morbid conditions, as epilepsy, masticatory facial convulsions, and disturbances of speech. The anomalies of the distribution of blood in the choroid plexuses have been used in explanation of the increased secretion. Rindfleisch says, "The plexuses are constantly hyperæmic, and if we place parts of them under the microscope we find that the surface is beset with numberless small and unbranched, but very vascular papillæ. The finding of papillæ of the kind described, especially at certain points of the choroid plexus, is also so constant in healthy individuals, that we can only place a value upon the quantitative excess of the proliferation, and only afar off imagine the increased secretion of the liquor cerebro-spinalis in connection with the increase of the papillæ. I would, at all events, place a greater value upon even the smallest active or passive hyperæmia of the plexus."

Mr. William Prescott Hewett gives the fol-

lowing points as of diagnostic value in determining between ventricular and arachnoidian dropsies: "If the orbital plates are natural in shape and direction, then the effusion into the ventricles has either occurred at a period when the bones were not easily acted upon by the pressure of fluid, or that the accumulation is on the surface of the brain; subarachnoid, not ventricular. When the fluid has its origin in the ventricles, the orbital plates are driven in so as to encroach considerably upon the orbits. The orbital arch is more or less done away with; the frontal and orbital portions of the bone may present one continuous line throughout its whole length. In such cases the eyes are more or less driven out of their sockets, and have a marked direction downward; a great part of the pupil is hidden beneath the lower lid, and the white of the eye is much more uncovered than usual."

*Treatment.* The treatment of this disease must be governed by the origin and circumstances of the case. If it is clearly one of hydrocephalus externus (*i.e.* encysted effusion in the arachnoidian, or effusion into the subarachnoid cavity), then tapping with a small trocar and canula, or the aspirator, with subsequent approximation of the walls of the skull by means of bandage or adhesive strips will offer the most advantages. In cases of ventricular dropsy commencing with active brain symptoms, such as convulsions, vomiting, etc., preceding the enlargement of the head, and particularly after the sutures have closed, the probabilities are that we have a case from venous obstruction or inflammatory exudation, and the treatment must be directed accordingly. Here purgatives, diuretics and mercurial evacuants afford a limited advantage, yet even a limited advantage must be embraced if possible. Hydrag. cum creta, or calomel, in grain doses, three times a day, in connection with mercurial inunction, may be the means of diminishing intra-cranial pressure, and thus averting or delaying threatening symptoms. Dr. Matthew Baillie recommends a combination of blue mass, digitalis and squills. In ventricular dropsy from diminished resistance, or associated with rickets, commencing and progressing without any serious cerebral manifestations, the prudent and cautious use of external pressure offers the most advantages. Dr. Dickinson says, "it seldom fails to stop further increase, and will often, in conjunction with other measures, occasion a decided diminution in the size of the head." It may be accomplished by the application of a bandage, the use of adhesive strips, or, what is preferable, the encircling of the head with a fillet of elastic webbing two or three inches wide. The pressure should be short of leaving red lines from the fabric. Cod-liver oil, iodide of iron and other remedies used in the treatment of rickets are indicated. The phosphates of lime and iron, by promoting ossification and union of the disjointed bones, may be of benefit. The advantages of tapping have been variously considered, yet excepting the cases before

mentioned, it is deemed unadvisable, on account of its doubtful utility, and the danger of the superintervention of acute meningitis.

The following case of hydrocephalus, associated with rickets, will illustrate the clinical history of the disease:—

J. C. was born, after a natural labor, about the last of February, 1872. Mother and father healthy, and the parents of three other children, all of whom are apparently healthy and free from any hereditary taint. Labor not unusually protracted, nor attended with an excessive amount of the liquor amnii. At birth he was well developed, with no disproportion in size between the head and the body. About the fourth week his parents first observed an unusual development of the head, and from this time until his death it continued to increase in size. He nursed well and continued to grow, and looked plump and well-nourished until the early part of 1873. From this time onward he was poorly nourished, and at times considerably emaciated. About July of the above-mentioned year I was called to attend him in an attack of cholera infantum, which yielded readily to treatment. At this date the head measured twenty-seven inches in circumference; was very deficient in ossification, with large membranous spaces existing between all of the bones. It had a somewhat quadrangular outline, from the protrusion of the frontal and parietal eminences. The orbital plates were much depressed, the eyeballs lowered and the pupils partially veiled by the lower lids; the pupils were dilated and did not readily change with the light; there was slight internal strabismus, and the eyes had the peculiar oscillations so frequent in hydrocephalus. Large veins ramified on each side of the head in continuity with the temporal veins, and, when compared with the waxy, anaemic face, constituted a ghastly contrast. The mind was clear, and continued so until a few days preceding death; general and special sensations were natural as far as could be determined. The bowels always acted naturally. Dentition had progressed normally. The lower extremities were greatly distorted. The iodide of iron, cod-liver oil and diuretics were given without any beneficial result, and the head continued to enlarge until it attained the enormous circumference of thirty-one (31) inches. On December 27th, 1873, the child was seized with convulsions, and died the next day, aged 22 months.

*Post-mortem.*—The body was thin and emaciated. The fontanelles were widely open, and the brain was everywhere in contact with, not adherent to, the dura mater, being spread out into a bag that closely adapted itself to the expanded cranium, the walls of which varied in thickness from one-eighth to one-quarter of an inch. Scarcely any trace of sulci or convolutions remained; the great divisions marked by the falx and tentorium retained their positions. The brain, as also the septum lucidum and fornix, was slightly softer and whiter than natural. The fluid was in the interior of the brain, being chiefly contained in the lateral

ventricles, which were enormously dilated. The foramen of Munro was stretched to a diameter of about five inches, and was of an irregularly circular shape. From the edges of this opening two thin layers of cerebral tissue passed vertically and formed the internal boundaries of each lateral ventricle. The third ventricle was distended in a corresponding manner, and was continuous with the lateral ventricles, so that it was almost impossible to say where one began and the other ended. There was also an extra cavity formed by a separation of the tentorium from the cerebellum, which was in free communication with each lateral ventricle by a large round opening on the outer part of the transverse fissure on either side. The fourth ventricle and its outlet were natural. The arachnoid about the base of the brain was somewhat thickened. The lining membrane of the cavities containing the fluid was mostly smooth and natural, but in one or two places it presented a slightly granular appearance. The fluid was carefully collected, and amounted to one hundred and seventy-six ounces; it had the appearance of pure water, sp. gr. 1004, and contained a minute trace of albumen. The longitudinal and lateral sinuses, as also the meningeal arteries and jugular veins, were normal. The ossification of the skull was very imperfect; a wide space between the parietal bones was closed by membrane only. The anterior and posterior fontanelles were very large, and here and there islands of bone were deposited on the membrane. The orbital plates were much depressed and reduced the size of the orbits greatly. The examination was limited to the head.

In this case it will be noticed that there was a total absence of cerebral symptoms. The child manifested the usual degree of intelligence of a child of its age. At first it would appear anomalous that the brain, existing only as a bag, with its anatomical characteristics almost entirely obliterated, should continue to perform its functions, or should be still endowed with the complete faculty of intellect. But, when it is remembered that this altered state represents rather a change of form, a spreading out of the brain tissue, than a destruction of any of its elements; that it does not entail a compression of the brain substance, nor seriously impair its nutrition, then an explanation of the fact is not wanting.

—The *Hartford Times* says that New England was formerly exempt from fever and ague, but "since the war this troublesome disorder has existed nearly every year, to some extent, along the Connecticut coast, between the Connecticut river and New York, and now it has crept into the middle region of the State. It has existed at New Haven for some time, and during the last month it has prevailed seriously at Portland, Middlesex county—the seat of the free-stone quarries. At one time there were said to be no fewer than 500 cases of fever and ague in that town. We hear of a few cases of it, too, here in Hartford."

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## The Use of Podophyllin.

Says the London *Medical Times and Gazette*:—M. Demarquay having of late made frequent use of this substance at the Maison Municipale de Santé, where a large proportion of the patients are women, M. Merchaout, his élève published in the *Bulletin de Thérap.* for August 30th, an account of the results that have been obtained of forty patients to whom it has been administered. Three only resisted its effects, and in these the constipation was rendered obstinate by mechanical obstacles. As a general rule its effects take place about twelve hours after its administration, the most extreme periods on either hand that were observed having been seven and nineteen hours. The medicine acted with little or no pain, either prior or subsequent to the stools; but it was often found that the patient had an inclination for stool without any result. This was especially the case in the subjects of obstinate constipation, and was obviated by increasing the dose, or better still by more frequent repetition of the remedy. The stools produced are remarkable for their non-diarrhoeic character, being semiliquid only, and often normal in color and consistence; and podophyllin may be long employed without producing any secretory disturbance in the canal, and without inducing super-purgation to be followed again by constipation. The medicine may, however, act in this mischievous way if given in too large doses (five to ten centigrammes) and without bearing due relation to the age of the patient and the degree of constipation. In the stools there is also found a considerable portion of bile when the dose is properly apportioned. The various accidents said by some authors to attend the use of podophyllin (as vertigo, sweating, loss of appetite, vomiting, dysentery, etc.) have not been met with among M. Demarquay's patients, even when the medicine has been continued for a long period. This may be attributed to the small doses given, which have never exceeded six centigrammes. The formula which after various trials has been found most convenient, consists in a pill made of three centigrammes of podophyllin, two of extract of *hyoscyamus*, and two of soap. This pill also constitutes the best average dose for an adult. It will sometimes, however, be insufficient in the subjects of habitual constipation, while for children one or two centigrammes suffice. When the three centigrammes do not prove sufficient, the dose may be gradually increased, or, what is preferable, the pills may be given oftener, so that one is administered every twelve instead of every twenty-four hours. And when these do not suffice, it will be preferable,

in place of increasing the quantity of each dose, to repeat the pill every eight or six hours. At the end of the third day at latest the effect will have been produced, it being also explained to the patient that the medicine is not intended to act as a purgative, but as a remedy against constipation, in order to secure the necessary patience. Stools once secured, the medicine must always be administered at the same time of the day, and the patient acquire the habit of going to stool. Ten or fifteen days may be required for this purpose, and then the doses must be gradually given at more prolonged periods; so that perhaps a month altogether may be required to overcome the constipation.

## The Nature of Angina Pectoris.

Dr. J. Wilson, in the Edinburgh *Medical Journal*, says:—

Regarding the general subject of angina pectoris, I venture to give my adhesion to the view now generally entertained, of its being a *neurosis*. Dr. Moinet concludes that it is a paralysis occurring in and depending upon a weakened heart, as no other theory (according to him) can account for the symptoms and history of the disease. I cannot see how his theory can account in the least for such symptoms as the awful pain, intense anxiety, and indescribable terror which the sufferers from this disease so vividly describe. Rousseau, and several other authorities, consider it an *epileptiform neuralgia*, and I believe this is the nearest approach to a solution of the cause. In addition to this view, is it not probable that there may exist in many individuals such a degree of cardio-irritability or over-sensitiveness as may preclude its bearing the least strain upon its regular duties, and against which it rebels by irregular and excited action, as found in palpitation, or by a convulsive contraction, as in angina pectoris? The following somewhat analogous case may serve as an illustration of this view. A short time ago, I had a female patient under my care, age 33, unmarried, and of marked nervous temperament. She enjoyed general good health, but suffered from the following uterine phenomenon:—Her menstruation was regular and normal in every respect, with this exception, that when the flow had begun, and continued for three or four hours, an intense uterine pain started up, of a kind she could barely describe, and simultaneous with its occurrence the discharge ceased. The intense pain and stoppage of discharge continued for several hours, forcing her to lie down. She said that the pain was only dulled by two or three teaspoonfuls of strong whisky. This state of matters would go on for from four to eight hours, and then almost all at once cease, when the menstrual flow was again resumed,

the period terminating in its usual way. She had suffered from this for years. Now, was this not really what we might call a case of angina matricis, set up by the increased vascularity of the organ exciting its irritability? I could not resist such a conclusion. Irritability, along with ganglionic irregularity of action, might account for this case, as well as for many cases of angina pectoris which occur where no other morbid condition is to be detected.

#### On Abnormal Pulsations.

Dr. Balfour says, in a recent article in the *Edinburg Medical Journal* :—

When the left lung is retracted from the base of the heart from any cause, the pulsation of the pulmonary artery between the second and third ribs, close to the sternum, may be distinctly felt, and even the click of the semi-lunar valves perceived, because sounds consist of vibrations sufficiently rapid to become appreciated by the ear, and can always be both felt and seen if the propagating medium be suitable. Hence friction, the result of rubbing together of the two layers of the pericardium when roughened by lymph, is easily perceived by the hand, and even the vibration of valvular murmurs are readily enough appreciated. When rough, these vibrations have received the name of the purring thrill, *fremissement cataire*, because the sensation felt resembles that perceived on placing the hand on the body of a cat in the act of purring. Abnormal pulsations along the course of the thoracic aorta are usually confined to the ascending and transverse portions, and may be the result of simple displacement of the vessel, as occasionally happens in rickety chests, or they may be the result of aneurismal dilatations, and must be sought for in the tracheal fossa, as well as between the ribs along the course of the aorta, especially during expiration, when such pulsations, if faint, are most readily felt.

#### The Cardiac Nerves.

One of the later physiological essays of Dr. P. Schiff, gives an account of "New Experiments on the Hastening Nerves of the Heart." Since the time of John Reid, it has been known that after section of the vagi in the neck, the pulse does not beat with uniform rapidity, but that under the influence of emotion, movement, etc., it undergoes changes of rhythm. Increased intra-cardiac pressure, produced by vascular contraction, causes an acceleration of the pulse. It might, then, be supposed that after section of the vagi, the effects of excitement, etc., are exerted primarily on the vessels, and only secondarily on the heart, through the increased intra-vascular pressure. Professor Schiff has made a most valuable discovery, which sets aside this explanation. He finds that when an animal is poisoned by subcutaneous injection of atropia or of nicotin, the heart becomes insensible to variations in the blood-pressure, which may be augmented to double or treble, or reduced to

one-half its former amount, without causing any alteration in the rate of the pulse. In an animal thus poisoned, and whose vagi are cut, the rapidity of the pulse ought to be invariable, if the only hastening fibres run in the pneumogastries. But such invariability of the pulse is not observed under these circumstances, hence hastening fibres must run in some channel other than the cervical cords of the vagi.

The fibres in question arise with the spinal accessory; within the cranium they join the vagus, but leave this again above the lower border of the second ganglion or ganglion of the trunk. They then run in the superior laryngeal nerves, through the anastomosis between these and the inferior laryngeal, and along the latter to the thorax, where they leave the recurrent nerves to join the cardiac plexus. Hence these fibres belong to the system of the vagus, and except these and the other nerves belonging to the same system, there are, according to Schiff, no cardiac hastening nerves.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON CURRENT MEDICAL LITERATURE.

—The "Charter and Constitution of the Gynaecological Hospital and Infirmary for Diseases of Children" reminds us of the fact that, previous to its establishment, no institution with these aims existed in this city. It is located at No. 1624 Poplar street.

—"The Meteor" is a paper published at the Alabama Insane Hospital, edited by patients, and with all its contributions by them. A comparison of it with various other newspapers has convinced us that some of the crasser editors are outside the walls.

—At the request of the Philadelphia County Medical Society, Dr. William Goodell has prepared, and the Society has published, a biographical memoir of the late Dr. Hugh L. Hodge, the eminent obstetrical teacher. The writer of the memoir sketches, to some extent, from personal reminiscence, and has produced an instructive and attractively written biography.

—We have also received "Injuries of the Skull, their Relation to Medical Evidence, with Reports of Cases, and Remarks upon the Employment of the Trepbine." By C. C. F. Gay, M. D., Surgeon of the Buffalo General Hospital."

—Tinnitus Aurium; or, Noises in the Ear. By Laurence Turnbull, M. D. (Reprinted from the *Medical Times*.)

—On Deaf-Mutism and the Method of Educating the Deaf and Dumb. By the same.

Oct. 31, 1874.]

*Editorial.*

355

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 31, 1874.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

**NOTICE. 1875.**

**EXTRA INDUCEMENTS.**

Any of our subscribers obtaining one new subscriber and remitting for both before Jan. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

A new subscriber will receive the REPORTER from now till the close of 1875 for \$5.00.

We offer subscribers and others a *specimen copy* of the HALF-YEARLY COMPENDIUM for July, 1874, 321 pages, at the low rate of 50 cents.

Any physician who will send us four new subscriptions, will receive a copy of the REPORTER free for one year.

The terms of our publications are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	3.00
Reporter and Compendium,	7.00
Physician's Daily Pocket Record,	1.50
Reporter and Pocket Record,	6.25
Reporter, Comp. and Pocket Record,	8.25

Remit by P. O. order or draft, drawn in favor of D. G. BRINTON, M. D.,

115 South Seventh Street,

PHILADELPHIA, PA.

THEORIES OF MENTAL LIFE.

A year ago several editorial articles appeared in this journal on the definitions and theories of life. (See REPORTER, November, 1873.) This last August the same subject was treated most carefully by Professor THOMAS H. HUXLEY, in an address (which has been extensively republished in this country) before the British Association for the Advancement of Science.

This eminent naturalist attributes to the philosopher Descartes the first correct exposition of vital phenomena, and concludes his examination of the theme in a few sentences:—

"A certain molecular change in the central part of the nervous system causes, in some way utterly unknown to us, that state of consciousness that we term a sensation." "The impressions left by the motions causing a sensation constitute the physical foundation of memory." "Volitions are simply states of emotion which precede actions." "The only conclusion at which there seems any good ground for arriving is, that animals are machines, but conscious machines." "I hold that these doctrines apply in their fullness and entirety to man."

Such is a brief summary, in his own words, of Professor HUXLEY's views. At the close of his essay he takes occasion to defend these views against the imputation of materialism and atheism. This appears superfluous, as no physiologist pretends to adopt any other theory than that presented above, and in a metaphysical or theological paraphrase (as HUXLEY adds) it is no novelty to the Christian church. It has been distinctly recognized of late years, and was so by Jonathan Edwards, that the question of individual existence depends on that of the Will, and the purpose of his remarkable volume was to frame a theory upon which just this automatic, fatalistic view now adopted by HUXLEY, and science generally, might be made consistent with individual responsibility and the justice of God.

He made a wonderfully subtle argument, and many still think a conclusive one. But less difficult of apprehension is another, which is embraced in a terse sentence of Spinoza, *Volun-*

*tas est ens rationis*, and which has almost an exact rendering in the familiar proverb "He is a freeman whom the truth makes free." When our emotions, the necessary precedents of our actions, arise from a correct knowledge of things, we are free in the widest sense, while yet we are incapable of acting otherwise. We cannot will to think that two straight lines can inclose a space, or that twice two is six, for the truth prevents us. The perfect man can will no evil, else he is perfect no longer. Spinoza drew the distinction between the promptings (*volitiones*) of our nature, and the will (*voluntas*) which is the inevitable result, or rather the very substance of right reasoning (*ens rationis*). Who obeys the former is a slave, but one of his own making, who forges his own fetters, and has no right to curse the gods for his servitude, but rather himself; he who by a far greater necessity obeys the latter, finds in it a perfect freedom,

"As broad and general as the casing air," hemming no noble aspiration or function, and endowing him with the highest elements of life.

It will be noted that HUXLEY states that the relation of the physical change in the brain substance to our consciousness of the sensation is "utterly unknown to us." Undue negligence of this all-essential point has led various writers, of late years, to identify thought with motion, and to speak of the transformation of light or sound into thought. This is as unphilosophical as to speak of the concavity of the arc of a circle becoming transformed into its convexity, when we look at it from the reverse direction; and the error committed is probably precisely the same in both instances. For the light and the sound are indeed indispensable to the thoughts caused by appropriate impressions on the optic and auditory nerves; but neither are nor become in any sense identical with these thoughts.

LEWES, in his late work on *Problems of Life and Mind*, confesses that the study of physiology alone does not offer any basis for a scientific

psychology; and in spite of his life-long advocacy of the positive philosophy, virtually starts, where the metaphysician does, with the study of human consciousness itself, enlightened and guided by experimental researches on the nervous system.

## NOTES AND COMMENTS.

### Chlorophosphide of Arsenic.

The *Chemist and Druggist* says:—Chlorophosphide of arsenic is a compound for which medical science is indebted to Dr. Routh. It seems that he observed that phosphorus and arsenic were efficacious in similar diseases, and thought it might be useful to employ the two elements in combination. The phosphide of arsenic he found to be insoluble, and totally unfit for his purpose; but on mentioning his difficulty to the chemist from whom he usually procured his phosphorus preparations, that gentleman furnished him with a solution which he has found of great service. The chemist in question, Mr. King, has published his formula for preparing the chlorophosphide of arsenic; but, like the celebrated formula for James' fever powder, it only gives good results in the hands of the proprietor. However, there is no doubt that phosphorus and arsenic are really present in this compound, in conjunction with hydrochloric acid. This remedy is prescribed for ague, neuralgia, and liver complaints; and (supposing the theory of some eminent physicians to be correct, that asthma is closely connected with certain skin diseases) it is possible that the chlorophosphide may be found of great service here also.

### Causation of Typhoid.

Dr. Edward M. Snow, City Registrar of Providence, says, in his October report:—

"It is a common opinion, very frequently stated, and very generally accepted, that the foul emanations from sink drains, cess-pools, and privy vaults, are one of the most important, if not the chief cause of typhoid fever. My observation does not confirm this theory. The disease prevails much the most in the country, where, if these emanations exist, they are largely diluted by the free circulation of air, while thousands in the city who breathe the foul air from these sources constantly, are comparatively exempt from it.

"Again, the cases of typhoid fever in this city are as often in the comfortable and cleanly dwellings as in the poor and filthy. Of the nine decedents in September, five were of American and four of foreign parentage; of the six hundred and sixty-seven decedents from typhoid fever in seventeen years, 1856-1872, there were three hundred and seventy of American and two hundred and ninety-seven of foreign parentage.

"Again, I have known some marked instances of severe typhoid fever, evidently caused by decomposing vegetable matter, with no aid of sink drains or other nuisances. In one instance, several families in one house had typhoid fever, apparently caused by thirty bushels of rotten potatoes in the cellar.

"I think that typhoid fever is caused chiefly by the decomposition of vegetable substances, and that for this reason, it is far more prevalent in the country than in the city."

Dr. Snow's views on epidemiology are somewhat peculiar, and require more evidence than he has yet brought forward to render them acceptable. This is especially true of his advocacy of the non-contagious nature of scarlatina.

#### On Patent Medicines.

We take the following extract from the *New York Nation* :—

"Dr. Dyrenfurth, the newly-appointed principal examiner in the class of chemistry, in the Patent Office, has recently rejected an application for letters-patent for a 'medical compound,' substantially upon the grounds that a mere mechanical mixture, or assemblage without chemical union, of a number of medical ingredients, possessing well-known properties, is neither such invention nor discovery of a new and useful composition of matter as is contemplated by the law, its preparation involving at most only the exercise of a skill common, in varying degree, to all persons having a knowledge of disease and of the curative properties of drugs and medicines; that, if patents may issue upon this and kindred applications, it follows, such skill being exercised whenever a physician writes an original prescription, that thousands of patentable inventions of this class are made daily, a fatal *reductio ad absurdum*, and that the creation of monopolies restraining others from the exercise of such skill is in contravention of public policy and human welfare. It might have been further urged that, in the present stage of

therapeutic knowledge, there is no mode of determining with reasonable certainty whether a given medical agent (with rare exceptions) does really produce the result claimed or exercise the function ascribed, matters usually susceptible of demonstration in other classes of patents. The omission, however, loses importance in view of the grave doubt that the decision of the examiner will be ultimately sustained. Probably the only remedy for the reproach of governmental aid in the patent-medicine business must be sought through a change in the law, a change which, by excluding medicines from the category of patentable matters, will bring the United States patent laws in harmony with those of the large majority of other countries."

#### Tuberculosis not Inoculable.

In a late communication to the *Academy of Sciences of Paris*, M. Metzquer tried to upset Villemin's doctrine. For the last five years the author has made experiments (from seventy to eighty), under the direction of Prof. Feltz, of the Faculty of Nancy. He never succeeded in inducing pulmonary consumption in the inoculated animals. The results were capillary embolism, infarctus, vesicular pneumonia, etc., all of which lesions have (the author maintains) been confounded with tubercle. Tuberculosis may, however, be generated in animals (says M. Metzquer), without inoculation of tubercular matter, by rough treatment, bad food, and, strange to say, by inflicting a wound upon them.

#### On Salicylic Acid.

The *London Medical Record* remarks that Professor Thiersch made some experiments in the Leipzig Hospital as to the antiseptic action of salicylic acid, and its use in surgery. He says that when strewn, (either by itself or mixed with starch) on contused wounds not yet cleaned, and on scurfy and gangrenous surfaces, salicylic acid destroys, for a long time, the putrid odor, without any inflammatory action of importance. In solution of one part of salicylic acid, three parts of phosphate of soda, and fifty parts of water, it favors the coating over of granulation-surfaces. As to its action on fresh wounds, the following data are communicated. During the operation, the wound is kept under a spray cloud of salicylic acid in water (one in 300). The dressing of the wound consists of wadding, impregnated with salicylic.

acid in the crystallized state. The wadding is moistened with salicylic acid in water (one in 300), as also the strip of muslin by which it is held. Afterwards, a continuous dripping of the acid solution on the bandage, about eight drops in the minute, is maintained. After an amputation of the femur, on April 27, under such treatment, the patient experienced no pain, nor swellings, nor fever. The first renewal of the dressing was on the sixth day. The secretion in the wound during these six days was without smell. With equally good results, Dr. Thiersch performed some other amputations. He is of opinion that salicylic acid has all the advantages of carbolic acid, without its inconveniences.

#### Treatment of Furuncles.

Professor Hardy, when boils appear in various parts of the body, almost always succeeds in dispersing them by general treatment. He never employs, as is too often done, frequent purgatives, and very rarely practices incision. If this last be employed too soon, it does not cure the furuncle, always leaving an indurated base, which ends in a mortification of the cellular tissue. Made too late the incision is useless. Among all the various internal remedies that have been recommended, he prefers tar, ordering about a quart of tar-water to be drunk daily. In some cases alkalines or arsenical preparations may be used, or the sulphurous mineral waters of Aix or Bagnères de Luchon. When there is a complication with dyspepsia, alkaline waters, such as those of Vichy, are indicated.

#### The French Association for the Advancement of Science.

This body met at Lille at the close of August. Among the papers were a number on medical matters. M. Leudet pointed out that alcoholism lies at the bottom of many complaints, the diagnosis of which proves difficult. We should ever bear this circumstance in mind. M. Paquet showed that aconitina is useful in the nervous complications of extensive wounds. M. Tripier proved that Heitzmann was in error when he maintained that animals may be rendered rickety by the continued administration of lactic acid internally, or by injecting it into the veins. The same physician, aided by M. Arloing, mentioned the results of important experiments, showing that the sensibility of the integuments of the

hand in man may persist in spite of the section of the nerves of the arm. M. Ollier gave an account of the results to be obtained by the resection of the bones of the foot. The operation is advisable in patients under twenty, but should not be undertaken when the sufferers are above that age. M. Verneuil proved that quinine is very efficacious in that kind of neuralgia which is observed soon after severe wounds. M. Trélat pointed out in his paper that very painful tumors are not always constituted by a congeries of nerves, but may be of a vascular nature. M. Cazin (of Boulogne) brought forward a successful case of Caesarean section; and several other interesting papers were read in this section. The usual dinners and excursions took place after the meeting, and the members dispersed, much pleased with their visit to Lille.

#### Horse-Hair Sutures.

Dr. Fayerer says, in a recent work, "Well selected white hair out of a horse's tail is, in many respects, better than any suture hitherto devised. . . . That from the tail of a white or gray horse is the best. I hardly know why it should be so, but I find the white is better than the black hair. . . . The matter may appear a trifle, but it is, nevertheless, an important trifle, for if one can avoid the alleged inconvenience, and even danger, from suppuration, from the hemp and silk ligature, or the disadvantages of the wire, the subject is sufficiently interesting to be worthy of consideration."

#### Signs of Doubtful Sex.

At a meeting of the Edinburgh Medico-Chirurgical Society, Dr. P. H. Watson alluded to the case of a young lady, who was covered with a hirsute downy covering or lanugo, to such an extent that she could not appear in society. Her relatives wanted something to be done for her, and sea-bathing was recommended; but soon after, when her menstruation began to be established, the extra hair-covering entirely disappeared. He also, with reference to the question of doubtful sex, related the case of a late distinguished medical man, whose appearance was remarkable from the absence of beard, and who had also a very feminine aspect and a shrill falsetto voice. He was by many supposed to be a woman. He took ill and sent for a friend to see him, and told him that he felt he was dying, and that he had left him all his fortune, which was considerable. His friend tried

to cheer him up, told him that he was not dying, and said that they would not yet get the chance of finding out whether he (the patient) was a woman or not. This so infuriated him, that when he did recover, he altered his will, leaving all his money to a charitable institution.

---

### CORRESPONDENCE.

---

#### Large Dose of Bromide of Potassium.

ED. MED. AND SURG. REPORTER:—

The following is apparently an accidental cure, and may suggest to the minds of the readers of the REPORTER the amount of bromide of potassium that might be given in similar cases.

Six years ago Mrs. B., soon after her fourth confinement, was attacked with puerperal mania. For about one week she neither slept nor ceased talking. She appeared to have an uncontrollable desire to kill her infant, and do many other strange acts. In the absence of her attendant, she went into an adjoining room, where there was a vessel filled with lard, and thrusting her arms into the lard to her elbows, brought up eight or ten pounds of the grease and, put it on her head, rubbing it into her long hair, for the purpose, as she said of oiling her hair. No safe amount of narcotics would induce sleep. I prescribed one ounce bromide potassium in six ounces of water, and directed the equivalent of twenty grains to be given every three hours. Soon after taking the first dose, the nurse stepped into an adjoining room, when the patient, taking advantage of her absence, arose from the bed, went to the medicine and drank the half of the prescription, two hundred and forty grains at one time. The nurse hearing her up returned, took the bottle from her and placed her in bed. She soon fell asleep at 9 o'clock P. M., and slept without waking until 10 o'clock next morning, when she awoke quite rational, and has remained so until the present time.

She has given birth to children since, without any recurrence of the mania.

J. W. COMPTON, M. D.

Evansville, Ind., October 19th, 1874.

---

### NEWS AND MISCELLANY.

---

#### American Public Health Association.

The American Public Health Association will convene in Philadelphia, Tuesday, November 10, 1874, in accordance with the adjournment of the Annual Meeting. The Order of Business has been adopted by the Executive Committee in compliance with Article XII of the Constitution of the Association. The Meetings will be held at the College of Physicians, corner of Locust and Thirteenth streets, Philadelphia.

#### "The University of Philadelphia."

A letter was lately received by the Mayor of this city, from Mr. A. M. Hancock, United States Consul at Malaga, Spain, giving information of the sale of diplomas issued by the American University, No. 514 Pine street, in Spain, by the advertisements of Dr. Van Der Vyver, of Jersey, England.

An answer was sent to Mr. Hancock, by chief clerk Marcus, stating that the matter was now in the hands of the Attorney General of this State, who has applied for a writ of quo warranto against the American University.

This so-called University of Philadelphia has been again brought under public notice in an inquest held at Nottingham, England, on the body of a woman named Ellis. A person named John Wilson, calling himself a "doctor of medicine, of the University of Philadelphia," had prescribed green hellebore for her, under the idea that she was suffering from erysipelas of the face. As she became worse, Mr. Snell, surgeon, was called in, and found that the patient was suffering from delirium and congestion of the brain, arising from disease of the kidneys. She soon died, and Dr. John Wilson came very near coming to grief himself.

---

#### School of Medicine for Women, in London.

On October 12th a school of medical instruction was opened in London, in commodious premises at 30 Henrietta street, Brunswick Square, where it is intended to build a detached dissecting room in the garden attached to the house. The full staff of lecturers has not yet been appointed, but among those who have already consented to take part in the instruction are Dr. King Chambers, in the practice of medicine, Mr. Berkley Hill in surgery, Mr. A. T. Norton in anatomy, Dr. Sturges in *Materia Medica*, Mrs. Garrett Anderson in midwifery, Mr. Crichton in ophthalmic surgery, Dr. Cheadle in pathology, Mr. Heaton in chemistry, and Mr. A. W. Bennett in botany. The following gentlemen have, in addition, consented to serve on the council: Dr. Billing, Dr. Buchanan, Mr. Ernest Hart, Professor Huxley, Dr. Hughlings Jackson, Dr. Murie, Dr. F. Payne, Dr. W. S. Playfair, and Dr. Burdon-Sanderson, as well as Dr. Elizabeth Blackwell.

---

#### The Association of German Naturalists and Physicians.

This organization held its forty-seventh annual meeting in Breslau on the 18th of last month and following days. The proceedings were opened with an address by Dr. Löwig, Professor of Chemistry in the University, the greater part of which was occupied with a notice of the life and labors of the chemist Richter, a native of Silesia, whom Dr. Löwig described as the discoverer of chemical proportions and the founder of the higher scientific chemistry. Addresses of welcome were then delivered by Baron von Nordenfeycht, President

of the Province of Silesia, Herr von Forckenbeck, chief magistrate of Breslau, and Professor Heidenhain. Professor Virchow delivered a characteristic address on miracles, with special reference to the case of Louise Lateau. For the transaction of the scientific business of the association no fewer than twenty-three sections were formed.

#### Medical Establishments in Sweden.

In Sweden there are seventy-nine hospitals, containing 4687 beds, receiving an average of from 30,000 to 32,000 patients, with an annual death-rate of about 2000. The expenses of these hospitals amount to about £40,000 per annum. There are nine lunatic asylums, containing 1210 beds. In 1870 the statistical returns showed 9109 lunatics, of which 4666 were men, and 4443 women. There were also 3280 blind persons, 1504 men and 1776 women; 4254 deaf and dumb, comprising 2370 men and 1848 women. Stockholm contains seven hospitals, of which the most important is the Clinical Hospital, containing 300 beds.

#### Swallowing a Tool-Chest.

It is reported that in the different prisons of Paris there are five or six deaths every year from the effect of swallowing what is known as an "escape-box." This remarkable box is made for the special accommodation of prisoners. It is of polished steel, about three inches long, and contains turn-screws, hammers, silk thread, and other implements necessary for escape. The box appears to be easily swallowed, but sometimes fails to reappear as intended, and the death of the victim is the result. But, when it does pass the bowels, the lucky prisoner is prepared to cut the thickest iron bars and set himself at liberty.

#### Leprosy in Canada.

Leprosy is said to prevail to a considerable extent in the little village of Tracadie, at the mouth of Miramichi river, Canada. The inhabitants of the village, who are all of French descent, have established a hospital for the worst afflicted of the citizens. The disease is understood to have been brought to Tracadie by a French vessel, which was wrecked off the coast some eighty or ninety years ago, and on board of which was a quantity of clothing from Asiatic ports.

#### Incompatibility of Pharmacy and Medicine.

The *Pharmaceutical Journal* says that the Court of Appeal at Brussels has recently confirmed a judgment which condemned Dr. Campenhoult for having supplied his patients during three years with homeopathic medicines. The decision of the Court was based upon a law of 1818, by which a medical man is absolutely interdicted from practicing pharmacy together with medicine, except in certain specified cases,

even although he may hold the diploma of Doctor of Pharmacy. A medical man is not allowed to supply medicines to a patient, even gratuitously.

#### Items.

—A large meeting of prominent gentlemen was held lately in Boston, to further the erection of a new building for the Harvard Medical School. After addresses by President Eliot, Oliver Wendell Holmes, Judge Clifford and E. E. Hale, a committee of fifty was appointed to suggest measures for raising \$200,000, the sum required.

#### QUERIES AND REPLIES.

*Dr. T. H. W., of Ohio.*—A laryngoscope (Tobold's), \$33.00. Medical thermometer, \$3.50. Trocar and canula, for hydrocele, \$4.00.

#### OBITUARY.

##### DR. JAMES P. DE BRULER.

At a meeting of the physicians of Evansville, Indiana, held at the office of Dr. George B. Walker, on the 12th day of August, 1874, Dr. B. J. Day was appointed Chairman and Dr. Walker Secretary. Drs. J. W. Compton, W. S. Pollard, and C. C. Tyrrell were appointed a committee to prepare resolutions expressing the sense of the meeting in reference to the lamented death of Dr. James P. DeBruler.

The committee reported the following resolutions:

1. That during the sixteen years of his residence and practice in our midst, Dr. DeBruler, by devoting himself with a zeal, earnestness, and constancy, peculiar to himself, had become widely and favorably known as a practicing physician, and had reaped the benefits of his rare qualifications and ceaseless endeavors in an extensive and lucrative practice; and had, in a peculiar manner, attached to himself those among whom he labored, as well as the entire community.
2. That the deceased is entitled to the highest praise for his devotion to medical science; and in this connection we remember his unremitting efforts as a member of the Faculty of the Medical College. With especial capacity for original investigation, he was progressive so far as carefully verified experiments would safely lead, and he wisely believed that the medical practitioner should be accurately versed in all the details of elementary preparation, of which he was himself an eminent example.

##### NATHANIEL C. SHURTLEFF, M.D.

Of Boston, Mass., died October 17. He was born in that city in 1810, and was educated at Harvard College, from which institution he graduated with Wendell Phillips and John Lothrop Motley, in 1831. He studied medicine and commenced practice as a physician, but having an ample fortune he devoted himself chiefly to antiquarian researches, and published a valuable history of Boston. His records of the Colonial period were published by the State Government, and are full and accurate. Dr. Shurtleff was three times elected Mayor of Boston, the last term expiring in 1870.